

**DEPARTMENT OF TAX ADMINISTRATION
COUNTY OF FAIRFAX PERSONAL PROPERTY RETURN
VEHICLE DECAL APPLICATION 2003**

RECEIVED DATE

PENALTY APPLIED IF RETURN NOT FILED WITHIN 60 DAYS AFTER PURCHASE OR MOVE-IN DATE

PLEASE DO NOT WRITE IN THIS AREA

<input type="checkbox"/> AUTO/Light Truck <input type="checkbox"/> HEAVY TRUCK <input type="checkbox"/> VAN		<input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> REC. VEHICLE (RV) <input type="checkbox"/> AIRCRAFT		<input type="checkbox"/> BOAT MOTOR <input type="checkbox"/> BOAT <input type="checkbox"/> TRAILER		STATE OF VIRGINIA TITLE NUMBER				VEHICLE IDENTIFICATION NUMBER							
VEH. YR	MAKE			MODEL			CYL.	WEIGHT		COST			PURCHASE DATE				
NEW COUNTY RESIDENTS DATE VEHICLE ENTERED COUNTY:		MONTH	DAY	YEAR	FORMER RESIDENCE:		CITY/COUNTY:		STATE								

ENTER OWNER INFORMATION BELOW [DO NOT COMPLETE FOR A LEASED VEHICLE]

OWNER	LAST NAME		FIRST NAME		MIDDLE INITIAL	JR./SR.	THIS VEHICLE IS FOR <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> BUSINESS USE	SOCIAL SECURITY NUMBER OR FEDERAL ID			
CO-OWNER	LAST NAME		FIRST NAME		MIDDLE INITIAL	JR./SR.		SOCIAL SECURITY NUMBER (CO-OWNER)			
MAILING ADDRESS						VEHICLE LOCATION IF DIFFERENT FROM MAILING ADDRESS					
NUMBER		STREET NAME		P.O. BOX	APT. NO.		NUMBER		APT. NO.		
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
CHECK BOX IF YOU LIVE WITHIN TOWN LIMITS OF <input type="checkbox"/> Clifton <input type="checkbox"/> Herndon <input type="checkbox"/> Vienna Must purchase decal from respective Town Hall Residents of these jurisdictions still need to file and pay taxes with Fairfax County						ATTENTION MILITARY PERSONNEL - LEGAL DOMICILE MILITARY PERSONNEL WHO CLAIM LEGAL DOMICILE OTHER THAN FAIRFAX COUNTY MUST PROVIDE CURRENT MILITARY I.D., AND STATE REGISTRATION BEFORE A DECAL WILL BE ISSUED. VEHICLES JOINTLY REGISTERED WITH A NON-MILITARY MEMBER OR LEASED ARE SUBJECT TO PERSONAL PROPERTY TAXATION AND MUST PAY DECAL FEE		OWNER CITY:		STATE:	
						CO-OWNER:				STATE:	
SIGNATURE						DATE		BUSINESS PHONE			
								HOME PHONE			
								E-MAIL ADDRESS			
DECLARATION: I declare that the statements and figures herein given are true, full and correct to the best of my knowledge and belief.											

COMPLETE FOR LEASED VEHICLES ONLY

LESSOR NAME						BUSINESS ACCOUNT NUMBER						OFFICE USE ONLY					
LESSOR ADDRESS						B-											
						VEHICLE USED FOR											
						<input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS											
LESSEE 1	LAST NAME		FIRST NAME		MIDDLE INITIAL	JR./SR.	SOCIAL SECURITY NUMBER										
LESSEE 2	LAST NAME		FIRST NAME		MIDDLE INITIAL	JR./SR.	SOCIAL SECURITY NUMBER										
LESSEE'S MAILING ADDRESS						VEHICLE LOCATION ADDRESS (IF DIFFERENT FROM MAILING)											

IMPORTANT

A separate form must be completed for each item owned. The required information can be found on your permanent registration, temporary registration, or bill of sale.
 State Title is an optional field. If you have the information, please report it. Otherwise, leave this field blank.
If reporting an auto, truck, motorcycle, van or RV, the correct vehicle decal fee must be included when filing this form.
 County Decal fees: **\$18.00** Motorcycle
 \$23.00 Taxi cab
 \$25.00 Auto

Mail form to:
DEPARTMENT OF TAX ADMINISTRATION
 12000 GOVERNMENT CENTER PARKWAY, SUITE 223
 FAIRFAX, VA 22035

 Please call: (703) 222-8234

 Visit our website at: www.fairfaxcounty.gov/dta

PRIVACY ACT NOTICE

Disclosure of your Social Security Number on this form is mandatory. The County Department of Tax Administration is requesting this number in accordance with the authority provided by **Virginia Code Section 58.1-3017**. Social Security Numbers are used as a mean of identification for the filing and retrieval of local tax returns, and those numbers are used to facilitate tax collection and to provide tax refunds to taxpayers. Social Security Account Numbers are regarded as confidential tax information and, except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

OFFICE USE ONLY

DECAL FEE	LOCATION/AGENT	ASSESSED VALUE	OLD DECAL NUMBER	TRANSFER	DUPLICATE	CHECK NO.	CASH	CREDIT
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL STATUS	STATUS START DATE	STATUS END DATE	REVIEWED BY		PROPERTY NUMBER			